

## CalWORKs SELF-INITIATED PROGRAM (SIP)

### REVIEW REQUEST FORM

**INSTRUCTIONS:** If you believe that any of the situations listed on this form apply to you, please fill out this form and return it to the county no later than October 29, 1999. **If the form is not submitted to the county welfare department by October 29, 1999, any claim for benefits or restoration will be denied.**

**Please print or type answers to the following:**

NAME		DATE OF BIRTH
ADDRESS		
SOCIAL SECURITY #	CASE #	TELEPHONE #

**If you were in a school program that you enrolled in on your own** (a SIP) when you were required to participate in the CalWORKs Welfare-to-Work Program and you answer yes to any of the questions below you may be able to:

- go back to school;
- have your sanction overturned and get cash aid;
- get money for books, transportation and childcare;
- have your welfare-to-work plan changed.

**Please answer the following questions about your school program (SIP):**

NAME OF COLLEGE/SCHOOL PROGRAM:

ADDRESS OF COLLEGE/SCHOOL PROGRAM:

<b>YES</b>	<b>NO</b>	<b>At any time on or after January 1, 1998, did the county:</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Refuse to make the school program (SIP) one of your assigned CalWORKs Welfare-to-Work activities?
<input type="checkbox"/>	<input type="checkbox"/>	2. Refuse to allow you to continue in your unapprovable school program (SIP) until the end of the quarter or semester?
<input type="checkbox"/>	<input type="checkbox"/>	3. Deny, shorten or change your school program (SIP) because it was not full time or could not be completed within the 18- or 24-month welfare-to-work time period?
<input type="checkbox"/>	<input type="checkbox"/>	4. Require that you take a job that was during your school (SIP) class hours?
<input type="checkbox"/>	<input type="checkbox"/>	5. Refuse to count your work-study hours toward your SIP Welfare-to-Work participation requirement?
<input type="checkbox"/>	<input type="checkbox"/>	6. Refuse to treat elective courses that count toward your degree, or tutorials designed to address your diagnosed learning disability, as part of your school program (SIP)?
<input type="checkbox"/>	<input type="checkbox"/>	7. Refuse to pay for necessary supportive services while you were in the school program or in work-study?
<input type="checkbox"/>	<input type="checkbox"/>	8. Deny or reduce your supportive services without your agreement based on your receipt of financial aid?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you have any other problem with the county regarding your school program (SIP)? If so, what was it? _____ _____ _____

SIGNATURE OF SIP PARTICIPANT	DATE SIGNED
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**NOTE:** A letter that provides information about SIP policies, can be obtained at the Department's external web page at: <http://www.dss.cahwnet.gov>. Select "All County Letters" and go to Letter # 99-32.